

# 11

## Family Planning

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### Goal

Make all pregnancies in Kentucky intended pregnancies.

### Overview

The mission of the Kentucky statewide Family Planning Program remains that of providing the target population of low-income men and women at any age the information and the means to choose the number and the spacing of their children. Kentucky's priorities are identical to those of the federal Title X Program in fulfilling this mission. Reducing unintended pregnancies in Kentucky will have far-reaching effects in both medical and social settings. The social costs of unintended pregnancies include reduced educational achievement, reduced employment opportunities, increased welfare rolls, and increased potential for domestic violence and child abuse. Rising medical costs can create a barrier for individuals seeking family planning services. Limited availability of federally funded family planning services can be directly associated with the resultant number of low birth weight infants, Sudden Infant Death Syndrome (SIDS), neonatal mortality, miscarriages, and follow-up treatment for "babies having babies".

While most people obtain contraceptive care from a private physician, access can be problematic for those who cannot afford a private physician, for those who need confidential care, or who live in areas where few private physicians are available. Federally funded family planning programs assist in eliminating the disparity in access to preventive and reproductive healthcare. Federally funded family planning services allow individuals the availability and accessibility of contraceptive services and supplies while supporting their motivation to act on that information to protect themselves and their partners from unwanted outcomes.

### Summary of Progress

Great strides have been made toward achieving the 2010 objectives. Progress has been made on objective 11.1 which relates to increasing planned pregnancies among women age 15-44. The target was 87 percent for this objective and the mid-decade status was 85.7 percent. Progress was made toward achieving Objective 11.5R. For this objective, the number of men who received services at family planning clinics increased by 21 percent. For objective 11.6R, the pregnancy rate among adolescents age 15 to 17 declined 19 percent. The Kentucky Family Planning Program plans to increase women's knowledge about the availability of highly effective contraception since progress was not made in reaching this objective. Only baseline data are available for the other objectives; however, strategies are in place to promote progress in attaining their 2010 targets.

The State Family Planning Program continually reinforces to its delegate agencies the need to increase community access and awareness of family planning services. Increasing the number of clinic days, expanding clinic hours, and broadening community outreach are all ways to eliminate current health disparities.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Family Planning	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
11.1R. (Developmental) Increase to at least 87 percent the proportion of all pregnancies among women age 15-44 that are planned.	85.1% (2000)	≥87%	85.7% (2003)	Yes	BRFSS
11.2. Decrease to no more than 7 percent the percentage of women age 15-44 experiencing pregnancy despite use of a reversible contraceptive method.	17.3% (2003)	≤7%	17.3% (2003)	N/A	BRFSS
11.3. Increase to at least 95 percent the proportion of all females aged 15-44 at risk of unintended pregnancy who use highly effective contraception.	67.9% (2000)	≥95%	53.9% (2002)	No	BRFSS
11.4. Increase to 100 percent the proportion of Title X family planning clinics that provide, either directly or through referral, postcoital hormonal contraception.	90% (2004)	100%	90% (2004)	N/A	PSRS
11.5R. Increase male involvement in pregnancy prevention and family planning as measured by the increase with which health providers provide outreach, education, or services to males.	610 (2000) Number of men receiving services at family planning clinics	≥915	738 (2004)	Yes	PSRS
11.6R. Reduce pregnancies among females ages 15-17 to no more than 20 per 1,000 adolescents.	31.9/1,000 (2000)	≤20/1,000	25.8/1,000 (2003)	Yes	Vital Statistics
11.7. Increase by at least 10 percent the proportion of sexually active individuals, ages 15-19, who use barrier method contraception with or without hormonal contraception to prevent sexually transmitted disease, and prevent pregnancy.	62.8% (2003)	≥69.1%	62.8% (2003)	N/A	YRBSS
11.8R. Increase by 10 percent the proportion of health education courses in public and private middle/junior and senior high schools that require instruction on human sexuality, pregnancy prevention, STD prevention, and HIV prevention.	(2002)		(2002)		SHEP
<b><u>Middle School</u></b>					
Pregnancy Prevention	82.9%	≥91.2%	82.9%	N/A	
HIV Prevention	97.3%	100.0%	97.3%	N/A	
STD Prevention	94.7%	100.0%	94.7%	N/A	

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Family Planning	Baseline	HK 2010 Target	Mid- Decade Status	Progress	Data Source
<b><u>Middle School</u></b>					
Human Sexuality	77.6%	≥85.4%	77.6%	N/A	
<b><u>High School</u></b>					
Pregnancy Prevention	96.4%	100.0%	96.4%	N/A	
HIV Prevention	98.2%	100.0%	98.2%	N/A	
STD Prevention	98.2%	100.0%	98.2%	N/A	
Human Sexuality	92.0%	100.0%	92.0%	N/A	

N/A = Only baseline data are available. Not able to determine progress at this time.